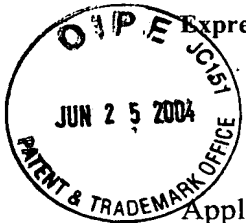


6/28/04

AF/2128/

03EB-100361
PATENT



Express Mail No. EV273166029US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David Burbidge et al.

Serial No.: 09/574,564

Filed: May 17, 2000

For: METHOD AND APPARATUS FOR SYSTEM
AND DEVICE DESIGN

Art Unit: 2128

Examiner: Phan, Thai Q

RECEIVED

JUL 09 2004

Technology Center 2100

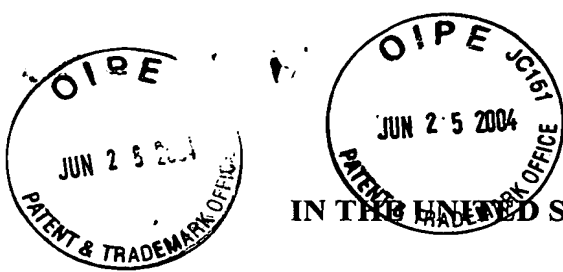
AMENDMENT

Mail stop: Amendment
Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated March 25, 2004, please amend the
above identified application as follows.

07/01/2004 WABDELRI 00000138 012384 09574564

01 FC:1202 18.00 DA



PATENT
Attorney Docket No.: 03EB-1003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David Burbidge et al.

Serial No.: 09/574,564

Filed: May 17, 2000

For: METHOD AND APPARATUS FOR SYSTEM
AND DEVICE DESIGN

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Art Unit: 2128

Examiner: Phan, Thai Q

RECEIVED

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TRANSMITTAL

- Transmitted herewith is:
Amendment Transmittal which includes Certificate of Express Mail (3 pgs.) In Duplicate
Amendment in response to Office Action dated March 25, 2004 (11 pgs.)
Return Postcard

STATUS

- Applicant
☐ claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV273166029US

Date: June 25, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Patrick W. Rasche, Reg. No. 37,916

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	31	MINUS	30	=1	x \$9 = \$		x \$18 = \$18.00
INDEP.	2	MINUS	2	=0	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$18.00

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☒ Total additional fee for claims required \$ 18.00

FEE PAYMENT

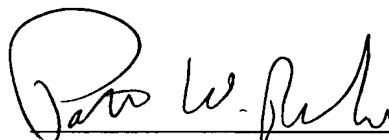
5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$18.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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314-621-5070